

AO 440 (Rev. 12/09) Summons in a Civil Action (Page 2)

Civil Action No. 2:11-CV-01461-KJD-PAL

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)*
 was received by me on *(date)*

☐ I personally served the summons on the individual at *(place)*

on *(date)*; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)*

, a person of suitable age and discretion who resides there,
 on *(date)*, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)*

, who is
 designated by law to accept service of process on behalf of *(name of organization)*

on *(date)*; or

☐ I returned the summons unexecuted because

; or

☒ Other *(specify)* I mail a copy to Regional Trustee Services Corp.
616 1st Avenue, Suite 500
Seattle, WA 98104

My fees are \$ for travel and \$ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.


Date: 9/12/2011


 Server's signature

Martina Y. Hernandez
 Printed name and title

7128 Desert Clover Ct. Las Vegas, NV 89129
 Server's address

Additional information regarding attempted service, etc:

| SENDER: COMPLETE THIS SECTION | | ADDRESSEE: COMPLETE THIS SECTION | |
|--|--|---|---|
| <ul style="list-style-type: none"> ■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. | | <p>A. Signature X  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> | |
| <p>1. Article Addressed to:</p> <p>Regional Trustee Services 616 1st. Avenue, Suite 500 Seattle, WA 98104</p> | | <p>B. Received by (Printed Name) Cordelia Hall-Reinhard</p> | <p>C. Date of Delivery 9/14/11</p> |
| | | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> | |
| | | <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> | |
| <p>2. Article Number (Transfer from service label)</p> | | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> | |
| | | <p>7011 0470 0000 9986 8956</p> | |

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540